PTO/SB/06 (08-03)
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|   | PATENT         | APPLICATI   | ON FFF DE              | TERMINA'S        | ond to a collection o            | (information u  | nless il di | splays a valid Ol            | AB control number |  |
|---|----------------|-------------|------------------------|------------------|----------------------------------|-----------------|-------------|------------------------------|-------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875              |                |             |                        |                  |                                  |                 |             | Application on Docket Number |                   |  |
| CLAIMS AS FILED - PARTI   |                |             |                        |                  |                                  |                 |             | 10/6                         | 233/9             |  |
| (Column 1) (Column 2) SMALL ENTITY  |                |             |                        |                  |                                  |                 | . Of        | , / Соті                     | IER THAN          |  |
| · · · · F0  | . 1            |             |                        | (000018(2)       |                                  | Ourre Guill     |             | ` SMA                        | FT ENLLIA         |  |
| BASIC FEE   | ~              | NUMBER FILI | ED. · NU               | MBER EXTRA       | RATE                             | . FEE           |             | RATE                         | FEE               |  |
| (37 CFR 1.16(a)) TOTAL CLAIMS   |                |             | <del></del>            | · · · · · ·      |                                  | 1               | . OR        |                              |                   |  |
| £37 CFR 1.16(c))  |                | minus       | 20 =                   |                  | X S                              |                 | · .         |                              | -                 |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))  |                | minus       | 3 =                    |                  | 1                                | <del> </del>    | OR          | X \$                         |                   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))                                     |                |             |                        |                  | -   X 1 =                        | <del></del>     | ··OR        | X \$=                        |                   |  |
|   | +5=            |             | OR:                    | + <u>\$</u> =    |                                  |                 |             |                              |                   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.             |                |             |                        |                  | TOTAL                            |                 | OR-         | TOTAL                        |                   |  |
| 141.  | CLAIMS         | AS AMENDE   | D - PARTII             |                  |                                  |                 |             |                              |                   |  |
| 1425  | -              |             |                        |                  |                                  |                 |             |                              |                   |  |
| 1   | (Colur         | IMS         | (Column 2)<br>HIGHEST  | (Column 3)       | SMALL                            | ENTITY          | OR<br>-     |                              | R THAN<br>ENTITY  |  |
| -   |                | INING       | NUMBER                 | PRESENT          | RATE                             | ADOI-           |             | RATE                         |                   |  |
| W   | AMENO          |             | PREVIOUSLY<br>PAID FOR | EXTRA            |                                  | TIONAL<br>FEE   |             | Innie                        | ADDI-<br>TIONAL   |  |
| Tota (37 CFR 1.1)  Z Independe (37 CFR 1.2)   | 6(c))          | Minus       | 20                     | =                | X 5 =                            | 1               | 1           | <del></del>                  | ¶€€               |  |
| Z Independe<br>山 (37 CFR 1.16   | ut t           | 3 Minus     | 7                      | =                | 1                                |                 | OR          | X. 2 =                       |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                       |                |             |                        |                  | X S_==                           |                 | OR          | x s =                        |                   |  |
| (37 CFR 1.16(d))  |                |             |                        |                  | +5_=                             |                 | - OR        | + 5=                         |                   |  |
|   |                |             |                        |                  | TOTAL<br>ADD'L FEE               |                 | OR          | TOTAL<br>ADD'L FEE           |                   |  |
|   | (Colum         | n 1)        | (Column 2)             | (Column 3)       |                                  | <u>.</u>        | _           | AUU L FEE                    | <del></del>       |  |
| . "   | CLAH<br>REMAII |             | . HIGHEST<br>NUMBER    | PRESENT          |                                  |                 |             | F                            |                   |  |
| Ż   | AFTE<br>AMENDI | R           | PREVIOUSLY             | EXTRA            | RATE                             | ADDI-<br>TIONAL |             | RATE                         | ADDI-             |  |
| Total (37 CFR 1.16)  W Hodependen (37 OFR 1.16)  W Hodependen (37 OFR 1.16)           | •              | Minus       | PAID FOR               |                  | l                                | FEE             |             |                              | TIONAL<br>FEE     |  |
| Z Independen  | <del> </del>   | Minus       |                        | -                | × s=                             |                 | OR          | X \$=.                       | İ                 |  |
| (37 OFR 1,16)   |                |             | L                      | l                | X \$ =                           |                 | OR          | x s =                        |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ) 15(c);                       |                |             |                        |                  | +5 =                             |                 | OR          |                              |                   |  |
|   |                |             |                        |                  | TOTAL                            |                 | ,           | TOTAL                        |                   |  |
| •   | <br>(Column    | ·41 ·       |                        |                  | ADD'L FEE                        |                 | OR          | AOO'L FEE                    |                   |  |
|   | CLAIM          | s           | (Column 2)  ·· HIGHEST | (Column 3)       |                                  | <u> </u>        |             |                              |                   |  |
| 5   | REMAIN         | ₹           | NUMBER<br>PREVIOUSLY   | PRESENT<br>EXTRA | RATE                             | ADDI:           | ļ           | RATE                         | ADDI-             |  |
| Total   | AMENDM         | ENT         | PAID FOR               |                  |                                  | TADNAL<br>FEE   | - 1         |                              | TIONAL<br>FEE     |  |
| (37 CFR 1.16(c  | n              | Minus       |                        | =                | x s =                            |                 | 00          | v                            | - '''             |  |
| Total  Total  (37 CFR 1.164c  VIII Independent (37 CFR 1.164c  VIII CFR 1.164c        | n _            | Minus       | 144                    | =                | X 5 =                            |                 | OR          | × s=                         |                   |  |
| FIRST PRES  |                |             | OR                     | × s=             |                                  |                 |             |                              |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(0))                       |                |             |                        |                  |                                  |                 | OR          | + s=                         |                   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                |             |                        |                  |                                  |                 | OR          | TOTAL<br>ADD'I, FEE          | _                 |  |
|   |                |             |                        |                  |                                  |                 |             | L_                           |                   |  |
|   |                |             |                        |                  | lei *3".<br>I number found in th | e appropriate t | 70 × 41 e=1 |                              |                   |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the including upon the including upon the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Clief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.